TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS Military Supplemental Form



Checklist

All Applicants:	
C	Complete, Signed Application
A	application Fee (check, money order). See 22 TAC 885.1 for a list of the fee amounts.
	roof of Completion of Texas Jurisprudence Exam for Social Workers (must be dated within 6 months of application receipt)
C	Copy of Military Spouse/Dependent Identification Card and/or DD-214
C	Copy of Spouse's PCS Orders to military installation in Texas
(Official Verification of Licensure in other Jurisdiction sent to board by other jurisdiction
	Official Transcript showing conferral of degree—must be sent to board by university/sealed nvelope from university
Additional Item	s Needed if Applicant Is Licensed in Another Jurisdiction:
C	Official Verification of Licensure in other Jurisdiction sent to board by other state
C	Official examination scores sent to board by other jurisdiction or ASWB
P	roof of completed supervised clinical experience submitted (for LCSW)
	e your name (or file number) legibly on ALL documents. Submit all th application, if possible. If you have applied online, please attach

Please include your name (or file number) legibly on ALL documents. Submit all documents with application, if possible. If you have applied online, please attach supporting documents electronically to online application. Transcripts, verifications of licensure, and official exam scores must be submitted in an unopened envelope or emailed directly from the school/issuing authority to the Board.

Mail to: TX BHEC TSBSWE 333 Guadalupe, Ste. 3-900 Austin, TX 78701

Applicant Name:		
Application for Recognition of Out of State Licensure for Military Spouse		

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MILITARY SERVICE MEMBER, VETERAN, OR MILITARY SPOUSE SUPPLEMENTAL FORM

Submit this supplemental application **AS AN ATTACHMENT TO YOUR LICENSE APPLICATION OR RENEWAL FORM** if you are a military service member, veteran, or military spouse.

Last Name	First Name		Middle Initial	
I am a: States.	Military Service Member	<u>Veteran</u>	Military Spouse with the armed forces of the United	
My Social Sec	urity Number is:			
The type of lic	ense for which I am applying o	r renewing is: _		
I am a militar	an assessment of my minim If yes, I have attached a co- order, Permanent Change of If yes, I have attached a co- knowledge, or training I wi considered on a case-by-ca Documentation may include	and want my num requirement py of appropriate of Station (PCS) py of appropriation to have consee basis and the such things a	military experience, knowledge, or training to be nts for licensure or renewal. Yes No ate documentation of military status, such active duty of DD-214. Ate documentation of all of the military experience, asidered. I understand that each application is at an examination requirement shall not be waived. As VMET-2586, military transcripts or training m my commanding officer describing my relevant	
_	tus as a military spouse of ar f my minimum requirements If yes, I have attached appr military Dependent ID Car (PCS) order, or active duty	for licensure of copriate documed, a copy of the order.	nember of the armed forces to be considered in an or renewal. Yes No entation of my status as a military spouse such as my e spouse's most recent Permanent Change of Station of my out-of-state license from the issuing	
veterans. The	Гехаs Behavioral Health Execu	tive Council is s	duty military service members, their spouses, and spreading the word to military personnel, their spouses, d which may assist them in their search for work.	
training, know met some licen	ledge, and experience. Military	spouses of curris status. While	requirements as a result of their military service or other ent, active duty military service members may also have a military service member is deployed minimum	
	heartfelt thanks to military sertes of America and to the State		veterans, and their families for their dedicated service to	
	cant Name:	out of State I i	Page 2 of 2 censure for Military Spouse	